

I. HEALTH CLAIMS

- The claim that exposure to environmental tobacco smoke (ETS) in the workplace causes disease in nonsmokers is not justified on a scientific basis.

Exposure

- Measurements taken in offices, workplaces and public places indicate that the contribution of tobacco smoke to indoor air is minimal.¹ For example, typical nicotine measurements (which are particularly revealing because nicotine is unique to tobacco smoke) range from an exposure equivalent of 1/100 to 1/1000 of one filter cigarette per hour.² In other words, a nonsmoker would have to spend from 100 to 1000 hours in an office, restaurant or public place in order to be exposed to the nicotine equivalent of just one cigarette.

Lung Function

- A 1980 report³ which concluded that nonsmokers exposed to tobacco smoke at work for 20 or more years had reduced function of the small airways compared to nonsmokers not so exposed still receives considerable attention, although it was heavily criticized for questionable data acquisition and analysis.⁴ In contrast, a more recent study of 1,351 German office workers reportedly found "no evidence" that everyday exposure to

tobacco smoke in the office or at home leads to an essential reduction of lung function in healthy adults.⁵

Lung Cancer

- Nine of the published studies on spousal smoking and lung cancer examined workplace exposure to ETS and the incidence of lung cancer in nonsmokers.⁶ Not one of the studies provides adequate support for an association between ETS exposure in the workplace and lung cancer.

Allergy

- One of the most widespread beliefs, especially in the workplace setting, is that some nonsmokers are "allergic" to tobacco smoke. Scientific researchers, however, have not identified specific allergens in tobacco smoke.⁷ Thus, while some individuals may react to the sight or smell of tobacco smoke, this does not mean that they are experiencing an "allergic" reaction to it.

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II. SICK BUILDING SYNDROME

- Because it is visible and easily identified by its aroma, environmental tobacco smoke is often blamed for indoor air quality problems. Government and private studies of "sick buildings" in the United States, Canada and Europe report, however, that tobacco smoke may be involved in only two percent to five percent of the buildings investigated for complaints about air quality.¹ For example, from 1981 through 1987, one company studied indoor air quality in 223 different buildings, accounting for over 39 million square feet of property, and found that ETS was a significant concern in only 10, or 4%, of the buildings [Robertson, 1988]. In another SBS database, smoking was implicated as a major contributor to complaints in only 12 of 408 (<3%) of the buildings surveyed [Collett, 1989]. The National Institute for Occupational Safety and Health (NIOSH) investigated more than 200 "sick" buildings and found that tobacco smoke was the source of claimed discomfort in only 2% of the buildings investigated. Ventilation problems were associated with half the complaints; outdoor air was considered a bigger problem than ETS [Melius, 1984]. Other investigators concluded that bacterial and fungal contamination is a major source of indoor air problems [Collett, 1989; Robertson, 1988].

- Inadequate ventilation exacerbates all indoor air quality problems. This suggests that even a total smoking ban is not likely to affect comfort problems in 95 to 98 percent of "sick buildings."²
- The majority of indoor air quality problems in "sick buildings" have been traced to inadequate fresh air and poor air filtration. Because the visibility of tobacco smoke may be an indicator of inadequate ventilation, the prohibition of smoking serves to mask the real reason for poor indoor air quality--lack of proper ventilation. In addition, concentrating on tobacco smoke ignores the fact that adequate ventilation should always be provided in any enclosed space, regardless of whether or not smoking is permitted.

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III. VENTILATION

- In 1981, The American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) issued a ventilation standard for public places (ASHRAE 62-1981).¹ The Standard established two levels of ventilation, one for areas in which smoking was permitted, and another substantially lower rate for areas where smoking was prohibited. The Standard was recently revised and reissued (ASHRAE 62-1989) with one prescribed ventilation rate, regardless of whether smoking was permitted or not. The decision to reject separate ventilation rates for smoking and nonsmoking areas was influenced by two areas of research: (1) The amount of ventilation required to remove indoor contaminants produced by humans, namely carbon dioxide and body odor, is also sufficient to remove typical amounts of ETS; and (2) ventilation rates for nonsmoking areas under ASHRAE 62-1981 were found to be inadequate and permitted airborne substances to increase, even in the absence of ETS.²
- Operating costs for increasing ventilation to meet specifications set forth in ASHRAE 62-1989 have been estimated at 3-5% over current annual energy expenditures for office buildings. Compliance with ASHRAE Standard 62-1989 will apparently have little effect on annual energy budgets.³

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IV. ACCOMMODATION

- Since the claim that exposure to tobacco smoke causes disease in nonsmokers is not scientifically justified,¹ the real issue regarding the "right" to smoke-free air is whether or not smoking should be prohibited because some people consider it to be an annoyance or nuisance.

Annoyance:

- Tobacco smoke may be an annoyance or nuisance to some people, but such complaints typically arise in poorly ventilated areas. Such complaints are most frequently associated with inadequate ventilation and to indoor substances other than ETS [See Section II: "Sick-Buildings"].
- Regulating a behavior such as smoking merely because some see it as an annoyance has undesirable consequences. Numerous individual behaviors could fall into the category of "annoyances," and to demand restrictions on all those potentially "annoying" behaviors is "to call for government regulation of everything."²
- Such regulations also reject the real possibility that people can work things out among themselves and may place a minority

of individuals in the position to dictate what is "right" for everyone.

- The alternative to intrusive regulation is good manners, common courtesy and cooperation between smokers and nonsmokers. This alternative preserves the delicate balance of individual rights and allows for accommodation of everyone's desires.

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The Separation Issue:

- The 1986 Report of the Surgeon General on ETS suggests that separation of smokers and nonsmokers is not effective in minimizing the nonsmoker's exposure to ETS. That claim was made without scientific support. Indeed, subsequent research indicates that simple separation of smokers and nonsmokers effectively minimizes ETS exposures for nonsmokers.¹⁻³
- One recent study reported that the use of designated smoking areas reduced exposure to ETS by 95%.¹ Another study of a smoking-restricted office building reported that ambient nicotine in nonsmoking areas was virtually undetectable, suggesting that ETS had a negligible impact on the nonsmoking areas of the building.²
- Canadian researchers, in a series of reports, presented results on levels of ETS constituents in offices where smoking was regulated and unregulated. They reported no significant differences in average ETS constituent levels between nonsmoking offices that received recirculated air from designated smoking areas and nonsmoking offices that did not receive recirculated air.³ They concluded:

The results indicate that the provision of a designated, but not separately ventilated smoking area can effectively eliminate or

drastically reduce most components of environmental tobacco smoke from nonsmoking offices.

- A federally-sponsored study of ETS in aircraft cabins indicates that separation of smokers and nonsmokers is an effective means for reducing exposure to ETS.⁴ The authors reported that many ETS constituent concentrations in nonsmoking sections were below the limit of detection. Similar results have been reported in other studies.⁵

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